



ADMN

**Purchase Voucher**

Agency: 529
 Health and Human Services Commission
Voucher Number: 01315345

USAS Doc Number:**Payee Name / Address:**

TEXAS PREGNANCY CARE NETWORK
 STE K250
 1101 S CAPITAL OF TEXAS HWY
 WEST LAKE HILLS, TX 78746-6445

TCode: AP-225-STD

Origin: ONL

Payee ID/Check/Mail: 1760802397/8/000

Freight Amount: 0.00

Gross Amount (includes Frt.): 762,500.00

Discount Amt Taken: 0.00

Payment Amount: **762,500.00****FOLD HERE**

<u>Line</u>	<u>PO ID</u>	<u>PCC</u>	<u>RTI</u>	<u>Invoice ID</u>	<u>Invoice Description</u>	<u>Amount</u>
1	00001067130			TPCN-4 OCT	Fulfill the terms of contract Fulfill the terms of contract	762,500.00

ShipTo ID

1326

<u>Contract#</u>	<u>Org PmtDt</u>	<u>IC</u>	<u>RC</u>	<u>Invoice DT:</u> 11/20/2017	<u>Req'd Pay DT :</u> 12/20/2017
529-16-0004-00001				<u>Inv Rec'd DT:</u> 11/20/2017	<u>Pay Due DT :</u> 12/20/2017
				<u>Service DT</u> 10/31/2017	<u>PO DT:</u> 09/01/2017

<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept</u>	<u>Program</u>	<u>Class</u>	<u>Ref</u>	<u>Pri/grant</u>	<u>Amount</u>
1.1 725300		0001	716B	5016A	03138	2018	GR	762,500.00
Open Item Key: Conf: N Certified Amt: 0.00								

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By

Approver Phone(Area+Number)

Date Approved

12/15/17 12/01/2017 Date Entered into HHSAS

Approved By

Approver Phone(Area+Number)

Date Approved

Pompa,Paula
Entered By

Contact Name

Contact Phone(Area+Number)

~~01315079~~

Contract Vendor Invoice Payment Request



01315345

HHSC Health Developmental and Independence Services

Name of program

The attached invoice is approved for payment.

Invoice Date:	✓ 11/20/17		
Invoice Number:	✓ TPCN-4 <i>October</i>		
Dept. ID/Speedchart:	716B		
Object Code:	2000		
Contract Number:	529-16-0004-00001		
Contract Name:	Texas Pregnancy Care Network		
TIN:	17608023978		
Mail Code:	0224		
Purchase Order Number:	HHSTX-8-0000106713 ✓		
Month of Service:	10/31 October ✓	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:

11/20/17

Total Amount:

Payment Due On or Before:

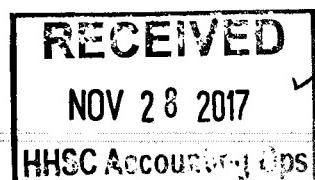
Net 30

\$762,500.00

CONTACT		DATE
Preparer's Name:	Becky Spaw	11/27/2017
Preparer's Phone:	512-428-1946	

Approval		DATE
Name of approver		

SIGN-OFF		DATE
Agency Contact/Preparer's Signature:	<i>Becky Spaw</i>	11/28/17



JP



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Texas Health and Human Services
Health, Developmental and
Independence Services
1100 W. 49th Street
Austin, TX 78756

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.
1910 W. Braker Ln

Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-4**Invoice Date:** November 20, 2017**Due Date:** December 31, 2017**For Professional Services Rendered:****RE:****Contract Number:** 529-16-0004-00001B

TPCN is submitting this invoice according to the terms of Section VIII of the Amended Contract between TPCN and HHSC executed on or about August 31, 2017 (attached).

Payment 3: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: December 31, 2017

\$762,500.00

Amount Due	\$762,500.00
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each month in which Services were provided. Upon HHSC's request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry, or audit by HHSC or any other responsible authority.

3. Reconciliation

- a. At a minimum, HHSC will perform a quarterly reconciliation of the payments made by HHSC during the HHSC-defined period of review and TPCN's actual expenses for Services performed under the Contract during that time. TPCN shall provide HHSC with any requested documentation regarding TPCN's actual expenditures within two (2) business days from the date HHSC requests such documentation.
- b. In the event TPCN's actual costs are less than the total payments made during the period of review, TPCN shall reimburse HHSC the total amount of overpayment made by HHSC within five (5) business days from the date HHSC notifies TPCN of the overpayment.
- c. In no event shall TPCN be entitled to additional funds if TPCN's actual expenses exceed the amounts paid by HHSC.
- d. This provision does not prevent HHSC from seeking any other remedies expressly provided for in the Contract resulting from overpayments.
- e. This provision will survive the expiration of the Amendment and the Parties will ensure that the not-to-exceed amount of the Amendment is subject to reconciliation."

- B. The second paragraph of this section is modified by adding a "B." at the start of the paragraph.
- C. The payment schedule contained in the Contract is deleted in its entirety and replaced with the following:

C. Payment Schedule:

Payment No.	Description	Payment Due Date	Amount
1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2017	\$762,500.00
2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2017	\$762,500.00
3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2017	\$762,500.00
4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2017	\$762,500.00
5	Project Admin, Statewide Information,	January 31, 2018	\$762,500.00

	Outreach, Education & Referral Programs & Services and Client Services		
6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 28, 2018	\$762,500.00

- D. The first paragraph after the payment schedule in the Contract, prior to this Amendment, is modified by adding a "D." at the start of the paragraph.
- F. The last two paragraphs of Section VIII in the Contract, prior to this Amendment, are modified by adding an "E." at the start of the second-to-last paragraph and a "F." at the start of the last paragraph.
- 6. **SECTION X** of the Contract, CONTRACT REPRESENTATIVES, is hereby modified by deleting the information pertaining to HHSC and replacing it with the following:

HHSC

Anne Basa
Health and Human Services Commission
1100 W. 49th Street
Mail Code 0224
Austin, TX 78751
Tel: (512) 776-6302
Email: Anne.Basa@hhsc.state.tx.us

- 7. **SECTION XI** of the Contract, LEGAL NOTICES, is hereby modified by deleting "Chris Taylor" under the portion pertaining to HHSC and replacing it with "Charles Smith".
- 8. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
- 9. Any further revisions to the Contract shall be by written agreement of the Parties.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via BEST WAY	Purchase Order	HHSTX-8-0000106713	
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/17	Revision 1 - 10/16/2017	Page 1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	1326 - Austin:1100 W 49th St Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States	

Vendor: 1760802397 8
 TEXAS PREGNANCY CARE NETWORK
 STE K250
 1101 S CAPITAL OF TEXAS HWY
 WEST LAKE HILLS TX 787466445
 United States

Bill To:
 Invoice-HHSC Accounting
 HEALTH & HUMAN SERVICES COMMISSION
 4900 N Lamar Blvd
 Austin TX 78751
 United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	Purchaser:	PO Price	Extended Amt	Due Date
					Marshall,Carol			512/406-2476

- a. chap. 531, Chapter 2155.144 TGC, as amended, and any administrative rules adopted thereunder;
- b. 1 T.A.C. Chapt. 391;
- c. General Appropriations Act, Senate Bill 1, 79th Legislature, Reg Session, 2005, Section 50 of the Special Provisions Relating to all Health and Human Services Agencies; and
- d. Any other pertinent provisions of federal or state law.

Contract Manager - Andrea.Costley@hhsc.state.tx.us
 Phone - 512-206-5624
 Final Destination Customer - Andrea.Costley@hhsc.state.tx.us
 Phone - 512-206-5624
 Agency Contact - Beth.Zahn@hhsc.state.tx.us
 Phone - 512-206-5624
 HHSC Purchaser: Carol Marshall, CTPM-carol_marshall2@hhsc.state.tx.us
 Phone: 512-406-2476

Justification/Comments: This contract is for the program and administration of the Alternative to Abortion - a statewide program for females focused on pregnancy support services that promote childbirth.

Contract Number: 529-16-0004-00001
 TIN: 17608023978
 Service Dates: 09/1/2017-02/28/2018

Total contract amount is \$4,575,000.00 - not to exceed \$762,500.00 per month for the months of September 1, 2017- February 28, 2018

SAM
 Debarred
 CMBL
 E-mails
 E-mails

The Original PO was issued with a Temp Vendor Number, as no renewal was submitted at the time HHSAS was closing. Received the renewal, which is attached and a change was made to make this PO the correct vendor.-Carol Marshall.

1-1 948-48 1.00 LOT 4575000.00000 \$4,575,000.00 08/31/2018

Fulfill the terms of contract number:
 529-16-0004-00001B. From:09/01/17
 through 02/28/18. For the program and

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-8-0000106713
	Prepd Allw	BEST WAY	Date 09/01/17	Revision 1 - 10/16/2017

If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.

All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.

Vendor: 1760802397 8
 TEXAS PREGNANCY CARE NETWORK
 STE K250
 1101 S CAPITAL OF TEXAS HWY
 WEST LAKE HILLS TX 787466445
 United States

Bill To:
 Invoice-HHSC Accounting
 HEALTH & HUMAN SERVICES COMMISSION
 4900 N Lamar Blvd
 Austin TX 78751
 United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	Purchaser:	Marshall,Carol	512/406-2476
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administration of the Alternative to
 Abortion-a statewide program.

Schedule Total \$4,575,000.00

Contract ID: 529-16-0004-00001 Contract Line: 0 Release: 1

Item Total for Line 1 \$4,575,000.00

Total PO Amount \$4,575,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized